BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE MINUTES

DATE: October 22, 2009

TIME: 10:00 AM to 1:00 PM

LOCATION: San Diego State University
                     Bio Science Building Auditorium
                     5500 Campanile Drive
                     San Diego, CA 92182
                     (619) 594-5200

PRESENT: Catherine M. Todero, PhD, RN, Chair
                     Judy Corless, BSN, RN
                     Richard L. Rice, Public Member

NOT PRESENT: Dian Harrison, MSW, Public Member

STAFF PRESENT: Maria Bedroni, EdD, RN, SNEC;; Badrieh Caraway, MS, RN, NEC; Katie
Daugherty, MN, RN, NEC; Miyo Minato, MN, RN, NEC; Shelley Ward, MPH, RN, NEC; Carol
Mackay, MN, RN, NEC.

Dr. Catherine Todero called the meeting to order at 10:05 AM. Committee members introduced themselves.

10.0   ACCEPTANCE OF AUGUST 20, 2009 MINUTES.
ACTION: Accept the Minutes of August 20, 2009.
MSC: Rice/Corless
Public input: None

10.1   RATIFY MINOR CURRICULUM REVISIONS
>   10.1.1 University of San Francisco, Entry Level Master's Degree Nursing Program
>   10.1.2 West Coast University, Baccalaureate Degree Nursing Program, Los Angeles Campus
>   10.1.3 Bakersfield College, Associate Degree Nursing Program
>   10.1.4 College of the Desert Associate Degree Nursing Program
>   10.1.5 El Camino College Associate Degree Nursing Program
>   10.1.6 Imperial Valley College Associate Degree Nursing Program
>   10.1.7 Los Angeles County College of Nursing and Allied Health Associate Degree Nursing
>   Program
>   10.1.8 Los Angeles Trade Technical College Associate Degree Nursing Program
>   10.1.9 Mount San Antonio College Associate Degree Nursing Program
>   10.1.10 Palomar College Associate Degree Nursing Program
>   10.1.11 San Joaquin Delta College Associate Degree Nursing Program
>   10.1.12 Southwestern College Associate Degree Nursing Program

Progress Report:
>   10.1.13 Concordia University, Irvine, Accelerated Baccalaureate Degree Nursing Program

      10.1.14 National University, Baccalaureate Degree Nursing Program

      10.1.15 University of San Francisco, Baccalaureate Degree and Entry Level Master's Degree Nursing Programs

      10.1.16 Imperial Valley College Associate Degree Nursing Program

M. Minato, NEC, presented this report.

ACTION: Ratify Minor Curriculum Revisions.

MSC: Rice/Corless

Public input: None

10.2   CONTINUE/NOT CONTINUE APPROVAL OF NURSING PROGRAM

10.2.1 Los Angeles City College Associate Degree Nursing Program

Betsy Manchester, RN, MSN, NP is the Director of Nursing Program since 08/2007.

B. Caraway, NEC, presented this report. A regularly scheduled continuing approval visit was conducted on December 9- 10, 2008, by M. Bedroni, SNEC and B. Caraway, NEC. The program was found to be in non-compliance with the Board rules and regulations in Sections 1424 (b) - Program Evaluation and Section 1424(d) Resources. One recommendation was made in Section 1425(a) Program administration faculty qualifications - All faculty teaching Geriatrics (since geriatrics is integrated) must have a BRN approved form.

The findings were reported at the March 19, 2009, Education Licensing Committee meeting, and the program was placed on a "deferred action".

On August 28, 2009, B. Caraway conducted a site visit to the new Science and Technology building, which will house the nursing program. This new building include classroom space, two skills labs, skills office, ample private faculty offices, student space, all new furnishings, and equipment. The LACC ADN program has corrected the deficiencies and now is in compliance with the Board rules and regulations.

Dr. Todero asked how LACC achieved the funding for the project. B. Manchester reported funding sources were from bonds and grants secured before the budget crisis. The program will be holding an open house for the new building on December 3, 2009.

ACTION: Continue Approval of Los Angeles City College Associate Degree Nursing Program.

MSC: Rice/Corless

Public input: None

10.3   ACCEPT/NOT ACCEPT FEASIBILITY STUDY FOR PRELICENSURE NURSING PROGRAM

10.3.1 Four-D College Associate Degree Nursing Program

Dr. Sybil Damon and Kathy Herd, Consultants, and Linda Smith President and CEO of Four-D College were present.

C. Mackay, NEC, presented this report. Over the past few years, Four-D College has submitted multiple feasibility studies for a new nursing program to the Board of Registered Nursing (BRN). None of these feasibility studies met the BRN requirements. The Four-D College Feasibility Study summarized below is dated September 10, 2009. A letter was sent to Dr. Damon, consultant, indicating areas of concern in this most recent feasibility study; a response was received.

Four-D College is a proprietary college located in Colton, California. The city of Colton is located at the junction of the I-10 and I-215 Freeways, 12 miles from Ontario airport. The Feasibility Study included

pictures of the campus building, the student store, the childcare center, classrooms, the computer lab and the skills lab. The campus also provides a wide array of student services including a library, academic guidance and tutoring.

Four-D College currently offers programs in Vocational Nursing and other allied health programs (Dental Assistant, Massage Therapy, Medical Assistant, Medical Billing/Coding and Pharmacy Technician). All of these vocational programs are non-degree programs.

Four-D College is accredited by the Accrediting Bureau of Health Education Schools (ABHES). This agency provides accreditation of private, postsecondary institutions in the US offering predominantly allied health programs and the programmatic accreditation of medical assistant, medical laboratory technician and surgical technology programs, leading to a certificate, diploma, Associate of Applied Science, Associate of Occupational Science, or Academic Degree (**http://www.abhes.org**). ABHES granted institutional accreditation to Four-D College in December, 1996. ABHES granted accreditation to the ADN Program in November, 2008. In the past, Four-D college was accredited by the California Bureau of Private Postsecondary and Vocational Education; however, this agency no longer exists.

Clarification was made by the NEC regarding accrediting agencies that accredit registered nursing programs, such as the Commission on Collegiate Nursing (CCNE) for baccalaureate nursing programs, and National League for Nursing Accrediting Council (NLNAC). The Board has concerns related to credits earned at various accredited schools and recognition by the colleges and universities, such as the CSUs or UCs and other colleges, for transfer of these credits to further student's education.

With respect to the Four-D College vocational nursing program, the pass rate for first time candidates on the NCLEX-PN are below 75% for the past five years. The BRN considers a pass rate below 75% as unsatisfactory. In the past, a proposed program not meeting this standard was asked by the BRN to develop a pattern of success with the existing VN program, and then submit a new feasibility study to the BRN. Four-D College has developed an extensive remediation plan to improve vocational program graduate performance on NCLEX-PN.

At the present time, credit units earned at Four-D College do not transfer to baccalaureate degree nursing programs. Four-D College is currently working on articulation agreements with several colleges and universities. To date, the only articulation agreement in place is with Kaplan University.

The Four-D College Feasibility Study includes a good description of the community demographics for San Bernardino and Riverside counties, along with the current and emerging health needs. Currently, there are 18 nursing programs in Orange, Riverside and San Bernardino counties leading to RN licensure. Of these, 12 are ADN, four are BSN and two are ELM.

Clinical placement is at a premium in the Riverside/San Bernardino area. The feasibility study contains letters of support and Program Facility Verification Forms from six agencies.
- **Community Hospital of San Bernardino** – Average Daily Census for the agency/120, MS/30, OB/44, peds/9, psych/28, and geri/20. Agency currently utilized by four other schools. Shifts available on Saturday/Sunday, day and evening.
- **Desert Valley Hospital** – Average Daily Census for the agency/60, MS/56. At present, no other schools are using the agency. Shifts available on Sunday-Saturday, 7PM-7AM.

- **Hemet Valley Medical Center** – Average Daily Census for the agency/52, MS/28, OB/AV 128 deliveries per month. Agency currently used by four other schools. Shifts available on weekdays.
- **Manifee Valley Medical Center** – Average Daily Census for the agency/52, MS/25. Agency used by two other schools. Shifts available on weekdays.
- **Montclair Hospital Medical Center** – Average Daily Census/36-40, MS, Peds, OB. Agency used by four other schools. Shifts available Monday –Sunday 7AM-7PM and 7PM-7AM.
- **San Gorgonio Memorial Hospital** – Average Daily Census/50, MS/30, OB/3, Geri/8. Agency used by two other schools. All shifts available.

Based on the above information clinical placement is available for the first student cohort in MS, OB and Geriatric nursing areas. The proposed program plans to place students in non-acute settings for psychiatric and pediatric experience. No Facility Verification Forms for these areas were included in the feasibility study.

Four-D College plans to house the proposed program in a building adjacent to the main building on the campus. This building is approximately 3200 square feet. The feasibility study includes a floor plan showing classrooms, skills lab, computer lab and a director/staff office.

Four-D College is proposing a two year generic associate degree in nursing with a LVN-ADN and a LVN-30 unit option tracks. With the exception of the science courses which require a co-requisite lab, all courses will be offered by Four-D College. Anatomy, Physiology and Microbiology taken at any accredited college or university will be accepted by Four-D College. The proposed curriculum includes 43 nursing units (23 theory and 18 clinical). The total units for a degree equal 79 units. LVN students will receive 12 credit units for previous vocational nursing education. The feasibility study includes a brief description of each course.

The program plans to enroll 24 LVN students yearly beginning October 2010. Twenty-four generic students will be enrolled in March 2011. Subsequent enrollment of generic students will occur every two years. Four-D College plans to hire faculty as program needs occur. Some faculty members currently teaching in the 4-D College vocational nursing program are interested in teaching in the ADN program. These individuals have had previous experience teaching in a RN program. The feasibility study includes a plan for hiring faculty as the program evolves.

Four-D College has financially supported the development of the feasibility study for the proposed program through the revenue generated by the operations of the various career programs offered over the past 18 months. The institution's financial stability will support the operations of the new program during the first year of operation. In subsequent years, student tuition will support program operation while building a 20% reserve position.

Four-D College is a vocational institution; therefore there are several areas of concern for this proposed program: accreditation, transferability of credit units, NCLEX-PN results and clinical placement. **Discussions that followed this report related to the following areas:**
- **Available clinical spaces for the proposed program, specifically the hours available to students, types of facilities where the experiences were to be done, and whether the variety of experiences needed were available in the required nursing areas to for students to gain the necessary experience in achieving the competencies.**

- **The number of enrollment being considered, a total of 48 students in six months, whether there would be enough clinical spaces for these numbers of students in an area already having difficulties with clinical placement.**
- **The existing LVN program offered by Four-D College has not demonstrated consistent successful pass rate in the NCLEX-PN.**

Ms. Smith stated that Four-D College has the community support and has submitted the feasibility and additional documents to meet the Board's requirements fully. The Committee discussed the criteria the Board used to review the feasibility study and asked that Four-D College submit additional materials that provide evidence of meeting the criteria described in the Instructions. The program should ask to be on the ELC agenda when the requested material is prepared upon review of the NEC.

ACTION: Defer action to accept the feasibility study for Four-D College Associate Degree Nursing Program.
MSC: Rice/Corless
Public input: Dr. Sandra Baker, Dean Riverside Community College and the coordinator of the Inland Empire Clinical Placement Consortium, expressed her concerns regarding the limited clinical placements in the regional area and with six new prelicensure RN programs already approved within the last several years. Dr. Baker questioned the availability of clinical placement for this new program. She stated that the San Bernardino/Riverside region is saturated and currently has limited obstetrics, minimal pediatrics and psychiatric facilities for student placements. She addressed the Board stating that the impact of these new students from the six new programs has not been felt yet, and time should be allowed before approving any further program in the area

Mikahil Shneyder of Heald College suggested for the Board to have a time for an open dialogue for existing program and new programs to work collaboratively to resolve issues of clinical placement.

Dr. Genevieve Clavreul, public member, made a comment that the school was a vocational institution and nursing is a professional program.

10.3.2 Institute of Medical Education Associate Degree Nursing Program
Barbara Napper, Consultant and two representatives from the school were present.
C. Mackay, NEC, presented this report. Over the past few years, the Institute of Medical Education (IME) has submitted multiple feasibility studies for a new nursing program to the Board of Registered Nursing (BRN). None of these feasibility studies met the BRN requirements. The IME Feasibility Study summarized below was received by the BRN August 13, 2009. A letter was sent to the program consultant indicating areas of concern in this most recent feasibility Study; responses were received.

The Institute of Medical Education (IME), a California for-profit corporation, is a private postsecondary school. IME's main campus is in San Jose, and there is a branch in San Leandro, California. IME is approved by the California Board of Vocational Nursing and Psychiatric Technicians and accredited by the Western Association of Schools and Colleges Accrediting Commission. In the past IME was accredited by the California Bureau of Private Postsecondary and Vocational Education; however, this agency no longer exists.

IME offers the following vocational programs: Certified Nursing Assistant, Medical Assisting, Medical Lab Technician, MRI Technologist, Phlebotomy, Physical Therapy Aide, Ultrasound Technologist, and Vocational Nursing. In the past five years (2003-2008), IME has awarded 658 certificates and no degrees.

With respect to the IME vocational nursing program, the pass rate for first time candidates on the NCLEX-PN from 01/01/09 – 06/30/09 is 81.48%. In prior years, the pass rate for first time candidates was below 75%. Per BRN policy, 75% is the standard considered satisfactory on the NCLEX-RN licensing exam. In the past, institutions with VN programs who do not demonstrate a pattern of meeting this standard were asked to develop this pattern of success in their existing program, and then to submit a new feasibility study for a RN program. IME was advised regarding this problem.

Because IME can not grant degrees, this institution plans to affiliate with Optimal Performance Institute (OPI) to award the Associate Degree in Nursing. OPI is a private postsecondary school located in Sunnyvale, CA. OPI provides self-paced distant education degree programs. It is accredited by the National Accreditation of Colleges and Schools. In the past, OPI was also by the California Bureau of Private Postsecondary Vocational Education; however this agency no longer exists. OPI currently offers an Associate Degree in Personal Training Fitness, a Bachelor's degree in Health and Fitness, a Master's degree in Applied Sports Psychology and a Master's degree in Nutrition and Exercise.

Through a written agreement between the two institutions, OPI will offer the general education and nursing pre-requisite courses for the proposed program. The science courses with labs will be onground courses, while the remaining GE and pre-requisite nursing courses will be online. IME will offer the BRN required nursing courses.

A revised written agreement between the two institutions was received by email September 13, 2009. The revision addresses most of the identified areas of concern. However, language remains stating that OPI may end this agreement, or assign it to a third party or stop admitting IME students into courses if OPI does not earn at least $10,000 in gross tuition receipts per month.

Informally, IME has determined that academic credit units earned at IME-VN program transfer to a local community college and that San Jose State University accepts ADN towards the BSN degree. However, official documentation is pending.

The IME feasibility study includes a good description of the community demographics for Santa Clara county, along with the current and emerging health needs. Currently, there are 30 nursing programs in the San Francisco Bay Area leading to RN licensure. Of these programs, 18 are ADN, seven are BSN and five are ELM.

Clinical placement is at a premium in the San Francisco Bay Area. A Centralized Clinical Placement System (computer program) is in place. The IME-VN program is a member of this consortium, and the ADN program will also be a participant. The good news for the Bay Area is that there are plans within the community for future addition and expansion of health care facilities. This will add to existing placement for students.

The feasibility study indicates ten proposed clinical facilities for the new program. Current BRN Clinical Verification Forms are included for five of these facilities. Four of the remaining forms are being updated, while one is being negotiated; therefore clinical placement is still a concern. The BRN forms submitted demonstrate that clinical placements are available in the medical-surgical and geriatric clinical areas, as well

as for leadership/management experience, for the first student cohort. BRN forms for psychiatric; OB and pediatric nursing are pending.

IME plans to rent a 11,382 sq feet facility adjacent to the current IME building to house the proposed ADN program. This new facility will include a library, two classrooms, two skills lab, faculty offices/workspaces, a kitchen area, administrative office workspaces, a counseling room and a computer lab.

IME is proposing a two-year Associate Degree Nursing Program with multiple entry points. As planned, the curriculum will have 41.5 nursing units (21.5 theory & 20 clinical). The total units for graduation will be 73.5-77.5 units. The feasibility study includes a brief description of each course. Each course is based on an academic semester of eighteen weeks. The proposed ADN program is 4 semesters in length, and the LVN-ADN track consists of an introductory term and two semesters. LVN-advanced placement students will receive 14 units for previous nursing education. This exceeds the maximum of 12 units which the BRN usually allows for previous vocational nursing education.

A target enrollment of 24 students is planned for Summer 2010. IME plans to admit 24 students twice a year. The first student cohort will be LVN students in a weekend based program. In subsequent semesters, IME will admit generic students. LVN students, then, will be admitted on a space available basis. IME plans to hire faculty as the program needs occur. For the first semester, IME plans to hire a program director who will do some teaching, a full time medical/surgical geriatric faculty member and lecturers for the specialty courses. Part time clinical faculty will be hired to maintain a faculty/student ratio of one to eight.

IME projects that the new program will be self-supporting within three years. IME is committing $900,000 a year for the first three years and will commit $900,000 a year for an additional two years (for a total of five years)if needed and until the program is self-supporting.

IME is a vocational institution and therefore there are still several areas of concern for this proposed program: NCLEX-PN performance of IME-VN students, transferability of the ADN from OPI to baccalaureate nursing programs, the written agreement between IME and OPI, clinical placement, qualified faculty and accreditation issues.

Discussion by the committee members addressed similar concerns with the previous agenda item.
- **IME's LVN program, although showed improvement the first two quarters of 2009, the consistency with successful pass rate needs to be established.**
- **A committee member asked regarding the MOU between OPI and IME related to the condition of degree granting by OPI, specifically that this arrangement could terminate if there was not enough enrollment to meet a set financial goal for OPI. There was a revision to the agreement that was for the committee's material, which became available on Oct. 6. However, this date was after the deadline date for submission of materials for this agenda, and the Board did not accept new materials provided at the meeting for the actions taken.**
- **Articulation agreement mentioned with San Jose State University is under discussion and pending.**
- **The committee asked that the program provide more specific numbers (staff, census) in identifying the clinical sites for placement and the MOU..**

ACTION: Defer action to accept the feasibility study for Institute of Medical Education Associate Degree Nursing Program.

MSC: Todero/Corless

Public input: Dr. Sandra Baker suggested that the language in the "Instructions" be reviewed and strengthened in the areas related to requirements for clinical placement, such as using more definitive language that ensure placement of students.

Tricia Hunter, ANA\C, commented that the school wanted the BRN staff to write detailed comments as to how to get the program approved. She stated that the staff does not write the feasibility studies, and for "those of us who have written them, they require a lot of detail but the instructions are pretty clear." If every one of the criteria have not been met the report will not be approved.

10.4   Information only: NCLEX Update

K. Daugherty, NEC, presented this update on NCLEX-RN Exam Information.

NCLEX RESULTS – FIRST TIME CANDIDATES
October 1, 2008 – September 30, 2009

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	10,600	88.32
United States and Territories	133,645	88.21

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES
By Quarters and Year October 1, 2008 – September 30, 2009

10/01/08-12/31/08		1/01/09-3/31/09		4/01/09-6/30/09		7/01/09-9/30/09		10/01/08-9/30/09	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
742	81.27	3,517	88.83	2,143	89.78	4,198	88.40	10,600	88.32

*Includes (7), (9), (15) and (20) "re-entry" candidates

The Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1-June 30), if there is substandard performance (below 70% pass rate for first time candidates), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

NCLEX pass rate data by degree type and for internationally educated candidates was provided to the committee as attachments.

Every three years, NCSBN conducts an RN Practice Analysis for purposes of updating the NCLEX-RN Test Plan as needed. In 2008, the NCSBN conducted a practice analysis of newly licensed registered nurses. Survey respondents were asked about the frequency and importance of performing 155 nursing care activities. The practice analysis provided validity evidence to support the activities that entry-level nurses perform and the importance of those activities. Based on the most recent survey, as well as expert opinion and feedback from stakeholders including the SBONs across the U.S. the NCSBN Delegate Assembly adopted the proposed 2010 NCLEX-RN Test Plan in August 2009. The 2010 NCLEX-RN Test Plan will be implemented April 1, 2010. A copy of the revised test plan is attached.

Additionally, the NCLEX-RN Passing Standard, which is currently -0.21 logits, will be reviewed by the NCSBN exam committee in October 2009 and if revised, any change in the passing standard will be implemented April 1, 2010 in concert with implementation of the 2010 NCLEX-RN Test Plan.

The number of Pearson VUE Professional Test Centers (PPCs) in California was increased from 14 to 16 in June 2009. New PPCs have been established in Sacramento and San Dimas and the San Jose PPC was moved to Milpitas. There are now 209 centers throughout the U.S. and 18 additional international PPCs administering the NCLEX examination in 11 countries.

Finally, NCSBN intends to phase in the use of Palm Vein Recognition scanning technology at all of the Pearson VUE test centers in Fall/Winter 2009-2010. Palm vein recognition offers a much more accurate form of positive identification than older verification technologies. This new technology allows NCSBN to accurately identify persons trying to take the NCLEX exam under an assumed tester's identity. By preventing proxy testers, the palm vein recognition technology helps NCSBN maintain the security and integrity of the NCLEX examination.

10.5   OPEN FORUM
A public member asked for information on the number of candidates being considered for the E.O's position. This information was not made available at the meeting.
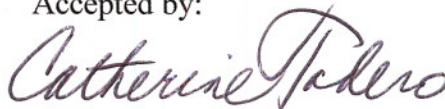
Meeting adjourned at 12:28PM

Submitted by:

Miyo Minato

Miyo Minato, MN, RN
Nursing Education Consultant

Accepted by:

Catherine Todero

Catherine M. Todero, PhD, RN
Chairperson

Attachment A

Proposed *2010 NCLEX-RN® Test Plan-*Strikethrough Copy

1 *Comparison of 2007 to the proposed 2010 NCLEX-RN® Test Plan*
2 *(Track Changes: Strikethroughs represent deletions; underscore represents*
3 *additions)*

4 # National Council Licensure Examination
5 # for Registered Nurses

6 # (NCLEX-RN® EXAMINATION)

7 ## Introduction

8   Entry into the practice of nursing is regulated by the licensing authorities within each of the National
9   Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and
10 territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for
11 licensure to pass an examination that measures the competencies needed to perform safely and effectively
12 as a newly licensed, entry-level registered nurse. NCSBN develops a licensure examination, the National
13 Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by member board
14 jurisdictions to assist in making licensure decisions.

15 Several steps occur in the development of the *NCLEX-RN® Test Plan.* The first step is conducting a
16 practice analysis that is used to collect data on the current practice of the entry-level nurse (*Report of*
17 *Findings from the 2008 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice,* NCSBN,
18 2009). Twelve thousand newly licensed registered nurses are asked about the frequency and importance
19 of performing 155 nursing care activities. Nursing care activities are analyzed in relation to the frequency
20 of performance, impact on maintaining client safety and client care settings where the activities are
21 performed. This analysis guides the development of a framework for entry-level nursing practice that
22 incorporates specific client needs as well as processes fundamental to the practice of nursing. The second
23 step is the development of the *NCLEX-RN® Test Plan,* which guides the selection of content and behaviors
24 to be tested.

25 The *NCLEX-RN® Test Plan* provides a concise summary of the content and scope of the licensing
26 examination. It serves as a guide for examination development as well as candidate preparation. Each
27 NCLEX-RN® examination is based on the test plan. The NCLEX examination assesses the knowledge,
28 skills and abilities that are essential for the nurse to use in order to meet the needs of clients requiring the
29 promotion, maintenance or restoration of health. The following sections describe beliefs about people and
30 nursing that are integral to the examination, cognitive abilities that will be tested in the examination and
31 specific components of the *NCLEX-RN® Test Plan.*

32 ## Beliefs

33 Beliefs about people and nursing underlie the *NCLEX-RN® Test Plan.* People are finite beings with
34 varying capacities to function in society. They are unique individuals who have defined systems of daily
35 living reflecting their values, motives and lifestyles. Additionally, people have the right to make decisions
36 regarding their health care needs and to participate in meeting those needs.

37 Nursing is both an art and a science, founded on a professional body of knowledge that integrates

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38   concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned
39   profession based on an understanding of the human condition across the life span and the relationships
40   of an individual with others and within the environment. Nursing is a dynamic, continually evolving
41   discipline that employs critical thinking to integrate increasingly complex knowledge, skills,
42   technologies, and client care activities into evidence-based nursing practice. The goal of nursing for client
43   care in any setting is preventing illness; alleviating suffering; protecting, promoting and restoring health;
44   and promoting dignity in dyingThe registered nurse provides a unique, comprehensive assessment of the
45   health status of the client (individual, family or group), and then develops and implements an explicit
46   plan of care. The nurse assists clients in the promotion of health, in coping with health problems, in
47   adapting to and/or recovering from the effects of disease or injury, and in supporting the right to a
48   dignified death. The registered nurse is accountable for abiding by all applicable member board
49   jurisdiction statutes related to nursing practice.

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Classification of Cognitive Levels

51   Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the
52   examination (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires
53   application of knowledge, skills and abilities, the majority of items are written at the application or higher
54   levels of cognitive ability, which requires more complex thought processing.

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Test Plan Structure

56   The framework of Client Needs was selected for the examination because it provides a universal
57   structure for defining nursing actions and competencies, and focuses on clients in all settings.

Client Needs

59   The content of the *NCLEX-RN® Test Plan* is organized into four major Client Needs categories. Two of the
60   four categories are divided into subcategories:

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61   **Safe and Effective Care Environment**
62   ▪ Management of Care
63   ▪ Safety and Infection Control

64   **Health Promotion and Maintenance**

65   **Psychosocial Integrity**

66   **Physiological Integrity**
67   ▪ Basic Care and Comfort
68   ▪ Pharmacological and Parenteral Therapies
69   ▪ Reduction of Risk Potential
70   ▪ Physiological Adaptation

Integrated Processes

72   The following processes are fundamental to the practice of nursing and are integrated throughout the
73   Client Needs categories and subcategories:

74   ▪ *Nursing Process* – a scientific, clinical reasoning approach to client care that includes
75   assessment, analysis, planning, implementation and evaluation.

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76   ▪ *Caring* – interaction of the nurse and client in an atmosphere of mutual respect and trust. In
77   this collaborative environment, the nurse provides encouragement, hope, support and

78	compassion to help achieve desired outcomes.
79	■ *Communication and Documentation* – verbal and nonverbal interactions between the nurse and
80	the client, the client's significant others and the other members of the health care team.
81	Events and activities associated with client care are validated in written and/or electronic
82	records that reflect standards of practice and accountability in the provision of care.
83	■ *Teaching/Learning* – facilitation of the acquisition of knowledge, skills and attitudes promoting
84	a change in behavior.

Distribution of Content

85

86   The percentage of test questions assigned to each Client Needs category and subcategory of the *NCLEX-*
87 *RN® Test Plan* is based on the results of the *Report of Findings from the 2008 RN Practice Analysis: Linking the*
88 *NCLEX-RN® Examination to Practice* NCSBN, 2009), and expert judgment provided by members of the
89 NCSBN Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
Safe and Effective Care Environment	
■ Management of Care	16-22%
■ Safety and Infection Control	8-14%
Health Promotion And Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
■ Basic Care and Comfort	6-12%
■ Pharmacological and Parenteral Therapies	13-19%
■ Reduction of Risk Potential	10-16%
■ Physiological Adaptation	11-17%

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100   2007 NCLEX-RN Test Plan Graphic

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Client Needs Categories

Safe and Effective
Care Environment
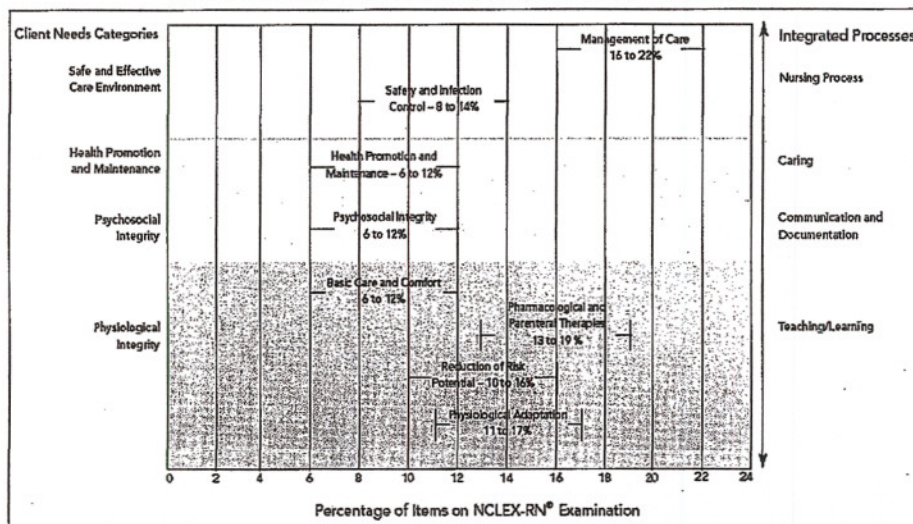
Health Promotion
and Maintenance

Psychosocial
Integrity

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103 | 2010 NCLEX-RN Test Plan Graphic

Distribution of Content for the NCLEX-RN® Test Plan

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Client Needs Categories

Safe and Effective Care Environment

Safety and Infection Control – 8 to 14%

Management of Care 16 to 22%

Integrated Processes

Nursing Process

Health Promotion and Maintenance

Health Promotion and Maintenance – 6 to 12%

Caring

Psychosocial Integrity

Psychosocial Integrity 6 to 12%

Communication and Documentation

Basic Care and Comfort 6 to 12%

Pharmacological and Parenteral Therapies 13 to 19 %

Teaching/Learning

Physiological Integrity

Reduction of Risk Potential – 10 to 16%

Physiological Adaptation 11 to 17%

0   2   4   6   8   10   12   14   16   18   20   22   24

Percentage of Items on NCLEX-RN® Examination

104
105
106 ## Overview of Content
107 All content categories and subcategories reflect client needs across the life span in a variety of settings.

108 **Safe and Effective Care Environment**

109 The nurse promotes achievement of client outcomes by providing and directing nursing care that
110 enhances the care delivery setting in order to protect clients, family/significant others and other health
111 care personnel.

112   ▪ *Management of Care*'– providing and directing nursing care that enhances the care delivery setting
113   to protect clients, family/significant others and health care personnel.

114   Related content includes but is **not limited to**:

- Advance Directives
- Advocacy
- Case Management
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management
- Confidentiality/ Information Security
- Consultation
- Continuity of Care
- Delegation

- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Rights and Responsibilities
- Performance Improvement (Quality Improvement)
- Referrals
- Supervision

| Deleted: Resource Management¶ |
| Deleted: Staff Education¶ |

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117   ▪   *Safety and Infection Control* – protecting clients, family/significant others and health care
118   personnel from health and environmental hazards.

119   Related content includes but is **not** limited to:

- Accident/Injury Prevention
- Emergency Response Plan
- Ergonomic Principles
- Error Prevention
- Handling Hazardous and Infectious Materials
- Home Safety
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Safe Use of Equipment
- Security Plan
- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
- Use of Restraints/Safety Devices

| Deleted: Medical and Surgical Asepsis ¶ |
| Deleted: Disaster Planning¶ |
| Deleted: Other Precautions |
| Deleted: Injury Prevention |

120   Health Promotion and Maintenance

121   The nurse provides and directs nursing care of the client, and family/significant other that incorporates
122   the knowledge of expected growth and development principles; prevention and/or early detection of
123   health problems, and strategies to achieve optimal health.

124   Related content includes but is **not** limited to:

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Health and Wellness
- Health Promotion/Disease Prevention
- Health Screening
- High Risk Behaviors
- Lifestyle Choices
- Principles of Teaching/Learning
- Self-Care
- Techniques of Physical Assessment

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| Deleted: Human Sexuality¶ |
| Deleted: Immunizations¶ |
| Deleted: Disease Prevention |
| Deleted: Expected Body Image Changes |
| Deleted: Family Planning¶ |
| Deleted: Family Systems¶ |
| Deleted: Growth and Development¶ |

125   Psychosocial Integrity

126   The nurse provides and directs nursing care that promotes and supports the emotional, mental and social
127   well-being of the client and family/significant others experiencing stressful events, as well as clients with
128   acute or chronic mental illness.

129   Related content includes but is **not** limited to:

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Support Systems
- Therapeutic Communication
- Therapeutic Environment

| Deleted: Psychopathology¶ |
| Deleted: Situational Role Changes¶ |
| Deleted: Unexpected Body Image Changes |

130   Physiological Integrity

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131 The nurse promotes physical health and wellness by providing care and comfort, reducing client risk
132 potential and managing health alterations.
133

134 ■ *Basic Care and Comfort* - providing comfort and assistance in the performance of activities of daily
135 living.

136 Related content includes but is **not limited** to:

- ■ Assistive Devices
- ■ Elimination
- ■ Mobility/Immobility
- ■ Non-Pharmacological Comfort Interventions
- ■ Nutrition and Oral Hydration
- ■ Personal Hygiene
- ■ Rest and Sleep

> **Deleted:** Complementary and Alternative Therapies¶

> **Deleted:** Palliative/Comfort Care¶

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138 ■ *Pharmacological and Parenteral Therapies* - providing care related to the administration of
139 medications and parenteral therapies.

140 Related content includes but is **not limited** to:

- ■ Adverse Effects/Contraindications /Side Effects/Interactions
- ■ Blood and Blood Products
- ■ Central Venous Access Devices
- ■ Dosage Calculation
- ■ Expected Actions/Outcomes
- ■ Medication Administration
- ■ Parenteral/Intravenous Therapies
- ■
- ■
- ■ Pharmacological Pain Management
- ■ Total Parenteral Nutrition

> **Deleted:** Pharmacological Agents/Actions

> **Deleted:** Pharmacological Interactions

> **Deleted:** Effects

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142 ■ *Reduction of Risk Potential* - reducing the likelihood that clients will develop complications or
143 health problems related to existing conditions, treatments or procedures.

144 Related content includes but is not limited to:

- ■ Changes/Abnormalities in Vital Signs
- ■ Diagnostic Tests
- ■ Laboratory Values
- ■ Potential for Alterations in Body Systems
- ■ Potential for Complications of Diagnostic Tests/Treatments/ Procedures
- ■ Potential for Complications from Surgical Procedures and Health Alterations
- ■ System Specific Assessments
- ■ Therapeutic Procedures

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146 ■ *Physiological Adaptation* - managing and providing care for clients with acute, chronic or life
147 threatening physical health conditions.

148 Related content includes but is not limited to:

- ■ Alterations in Body Systems
- ■ Fluid and Electrolyte Imbalances
- ■ Hemodynamics
- ■ Illness Management
- ■
- ■ Medical Emergencies
- ■ Pathophysiology
- ■
- ■ Unexpected Response to Therapies

> **Deleted:** Radiation Therapy

> **Deleted:** Infectious Diseases

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Administration of the NCLEX-RN® Examination

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151 The NCLEX-RN® examination is administered to the candidate by Computerized Adaptive Testing
152 (CAT). CAT is a method of delivering examinations that uses computer technology and measurement
153 theory. Items go through an extensive review process before they can be used as items on the
154 examination. In addition to multiple choice items, candidates may be administered items written in
155 alternate formats. These formats may include but are not limited to multiple response, fill-in-the-blank,
156 drag and drop, and/or hot spots. All item types may include multimedia such as charts, tables, graphics,
157 sound and video.

158

159 With CAT, each candidate's examination is unique because it is assembled interactively as the
160 examination proceeds. Computer technology selects items to administer that match the candidate's
161 ability. The items, which are stored in a large item pool, have been classified by test plan category and
162 level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based
163 on all of the previous answers the candidate selected. The next item is then chosen that measures the
164 candidate's ability most precisely in the appropriate test plan category. This process is repeated for each
165 item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all *NCLEX-*
166 *RN® Test Plan* requirements. The examination continues with items selected and administered in this way
167 until a pass or fail decision is made.

168 All registered nurse candidates must answer a minimum of 75 items. The maximum number of items that
169 the candidate may answer is 265 during the allotted six-hour time period. Examination instructions and
170 all rest breaks are included in the measurement of the time allowed for a candidate to complete the
171 examination.

172 Candidates should be aware and understand that the disclosure of any examination materials including
173 the nature or content of examination items, before, during or after the examination is a violation of law.
174 Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability
175 and/or disciplinary actions by the licensing agency including the denial of licensure.

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177 More information about the NCLEX® examination, including CAT methodology, items, the candidate
178 bulletin and web tutorials, is listed on the NCSBN Web site: http://www.ncsbn.org.

Deleted: Items on a candidate's examination are primarily four-option, multiple-choice items. Other types of item formats may include multiple-

Deleted: choice

Deleted: items that require a candidate to select one or more responses, fill-in-the-blank items, or items asking a candidate to identify an area on a picture or graphic. Any of the item formats, including standard multiple-choice items, may include charts, tables or graphic images.¶

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179 ## Bibliography
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183 Anderson, L. W., Krathwohl, D. R. (eds). (2001). *A taxonomy for learning, teaching, and assessing. A revision*
184 *of Bloom's taxonomy of educational objectives.* New York: Addison Wesley Longman, Inc.
185
186 Bloom, B. S., Engelhart, M. D., Furst, E. J., Hill, W. H., & Krathwohl, D. R. (1956). *Taxonomy of educational*
187 *objectives: The classification of educational goals. Handbook I. Cognitive Domain.* New York: David McKay.
188
189 National Council of State Boards of Nursing. (2009). *Report of findings from the 2008 RN practice analysis:*
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191
192 National Council of State Boards of Nursing. (2004). *Model nursing administrative rules.* Chicago: Author.
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194 National Council of State Boards of Nursing. (2006). *Model nursing practice act.* Chicago: Author.
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American Nurses Association. (2004). *Nursing: scope and standards of practice* - Silver Spring, MD: Author.¶
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American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements.* Washington DC: Author.

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Attachment B

Proposed 2010 NCLEX-RN® Test Plan-Clean Copy

Proposed 2010 NCLEX-RN® Test Plan

National Council Licensure Examination for Registered Nurses

(NCLEX-RN® EXAMINATION)

Introduction

Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for licensure to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. NCSBN develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by member board jurisdictions to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-RN® Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse (*Report of Findings from the 2008 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, NCSBN, 2009). Twelve thousand newly licensed registered nurses are asked about the frequency and importance of performing 155 nursing care activities. Nursing care activities are analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. The second step is the development of the *NCLEX-RN® Test Plan*, which guides the selection of content and behaviors to be tested.

The *NCLEX-RN® Test Plan* provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development as well as candidate preparation. Each NCLEX-RN® examination is based on the test plan. The NCLEX examination assesses the knowledge, skills and abilities that are essential for the nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the *NCLEX-RN® Test Plan*.

Beliefs

Beliefs about people and nursing underlie the *NCLEX-RN® Test Plan*. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting those needs.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the human condition across the life span and the relationships

discipline that employs critical thinking to integrate increasingly complex knowledge, skills, technologies, and client care activities into evidence-based nursing practice. The goal of nursing for client care in any setting is preventing illness; alleviating suffering; protecting, promoting and restoring health; and promoting dignity in dying.

The registered nurse provides a unique, comprehensive assessment of the health status of the client (individual, family or group), and then develops and implements an explicit plan of care. The nurse assists clients in the promotion of health, in coping with health problems, in adapting to and/or recovering from the effects of disease or injury, and in supporting the right to a dignified death. The registered nurse is accountable for abiding by all applicable member board jurisdiction statutes related to nursing practice.

Classification of Cognitive Levels

Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills and abilities, the majority of items are written at the application or higher levels of cognitive ability, which requires more complex thought processing.

Test Plan Structure

The framework of Client Needs was selected for the examination because it provides a universal structure for defining nursing actions and competencies, and focuses on clients in all settings.

Client Needs

The content of the *NCLEX-RN® Test Plan* is organized into four major Client Needs categories. Two of the four categories are divided into subcategories:

Safe and Effective Care Environment
- Management of Care
- Safety and Infection Control

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity
- Basic Care and Comfort
- Pharmacological and Parenteral Therapies
- Reduction of Risk Potential
- Physiological Adaptation

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Integrated Processes

The following processes are fundamental to the practice of nursing and are integrated throughout the Client Needs categories and subcategories:
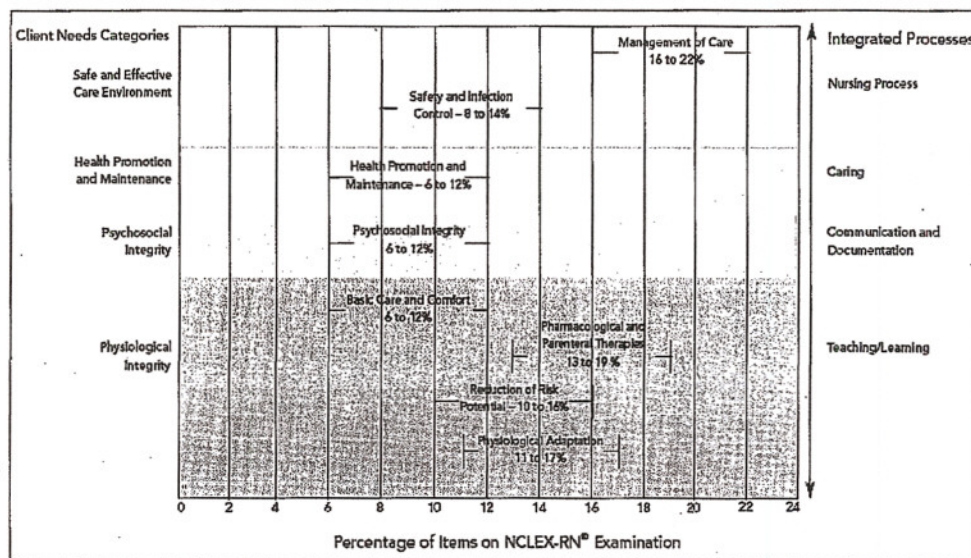
- *Nursing Process* – a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.

- *Caring* – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.

- *Communication and Documentation* – verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.

- *Teaching/Learning* – facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory of the *NCLEX-RN® Test Plan* is based on the results of the *Report of Findings from the 2008 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* NCSBN, 2009), and expert judgment provided by members of the NCSBN Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
Safe and Effective Care Environment	
▪ Management of Care	16-22%
▪ Safety and Infection Control	8-14%
Health Promotion And Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
▪ Basic Care and Comfort	6-12%
▪ Pharmacological and Parenteral Therapies	13-19%
▪ Reduction of Risk Potential	10-16%
▪ Physiological Adaptation	11-17%

Distribution of Content for the NCLEX-RN® Test Plan

Distribution of Content for the NCLEX-RN® Test Plan. Client Needs Categories (Safe and Effective Care Environment; Health Promotion and Maintenance; Psychosocial Integrity; Physiological Integrity) with subcategories: Management of Care 16 to 22%, Safety and Infection Control – 8 to 14%, Health Promotion and Maintenance – 6 to 12%, Psychosocial Integrity – 6 to 12%, Basic Care and Comfort – 6 to 12%, Pharmacological and Parenteral Therapies 13 to 19%, Reduction of Risk Potential – 10 to 16%, Physiological Adaptation – 11 to 17%. Integrated Processes: Nursing Process, Caring, Communication and Documentation, Teaching/Learning. X-axis: Percentage of Items on NCLEX-RN® Examination (0 to 24).

Overview of Content

All content categories and subcategories reflect client needs across the life span in a variety of settings.

Safe and Effective Care Environment

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and other health care personnel.

- *Management of Care* – providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others and health care personnel.

  Related content includes but is **not limited to**:

  - Advance Directives
  - Advocacy
  - Case Management
  - Client Rights
  - Collaboration with Interdisciplinary Team
  - Concepts of Management
  - Confidentiality/ Information Security
  - Consultation
  - Continuity of Care
  - Delegation
  - Establishing Priorities
  - Ethical Practice
  - Informed Consent
  - Information Technology
  - Legal Rights and Responsibilities
  - Performance Improvement (Quality Improvement)
  - Referrals
  - Supervision

91

- *Safety and Infection Control* – protecting clients, family/significant others and health care personnel from health and environmental hazards.

  Related content includes but is **not limited** to:

  - Accident/ Injury Prevention
  - Emergency Response Plan
  - Ergonomic Principles
  - Error Prevention
  - Handling Hazardous and Infectious Materials
  - Home Safety

  - Reporting of Incident/Event/Irregular Occurrence/Variance
  - Safe Use of Equipment
  - Security Plan
  - Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
  - Use of Restraints/Safety Devices

Health Promotion and Maintenance

The nurse provides and directs nursing care of the client and family/significant others that incorporates the knowledge of expected growth and development principles; prevention and/or early detection of health problems, and strategies to achieve optimal health.

Related content includes but is **not limited** to:

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Health and Wellness
- Health Promotion/Disease Prevention

- Health Screening
- High Risk Behaviors
- Lifestyle Choices
- Principles of Teaching/Learning
- Self-Care
- Techniques of Physical Assessment

Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client and family/significant others experiencing stressful events, as well as clients with acute or chronic mental illness.

Related content includes but is **not limited** to:

- Abuse/Neglect
- Behavioral Interventions
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- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Support Systems
- Therapeutic Communication
- Therapeutic Environment

Physiological Integrity

The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

- *Basic Care and Comfort* - providing comfort and assistance in the performance of activities of daily living.

  Related content includes but is **not limited** to:

  - Assistive Devices
  - Elimination
  - Mobility/Immobility
  - Non-Pharmacological Comfort Interventions
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- *Reduction of Risk Potential* - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

  Related content includes but is not limited to:

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  - Laboratory Values
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  - System Specific Assessments
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- *Physiological Adaptation* - managing and providing care for clients with acute, chronic or life threatening physical health conditions.

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  - Fluid and Electrolyte Imbalances
  - Hemodynamics
  - Illness Management
  - Medical Emergencies
  - Pathophysiology
  - Unexpected Response to Therapies

93

Administration of the NCLEX-RN® Examination

The NCLEX-RN® examination is administered to the candidate by Computerized Adaptive Testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. Items go through an extensive review process before they can be used as items on the examination.

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More information about the NCLEX® examination, including CAT methodology, items, the candidate bulletin and web tutorials, is listed on the NCSBN Web site: http://www.ncsbn.org.

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Attachment C

Proposed Timeline for Implementation of the 2010 NCLEX-RN® Test Plan

October 2008	NCLEX® Examination Committee reviews RN practice analysis results and makes recommendations for the test plan.
November 2008	Proposed test plan is sent to Member Boards for feedback.
March 2009	NCLEX® Examination Committee may present the proposed test plan at the NCSBN Midyear Meeting.
April 2009	NCLEX® Examination Committee reviews feedback on the test plan and submits recommendations to the Delegate Assembly.
August 2009	Delegate Assembly action is provided.
September 2009	RN test plan is published and placed on the NCSBN Web site.
October 2009	The panel of judges meets to recommend the passing standard.
December 2009	NCSBN Board of Directors evaluates the passing standard.
April 2010	Implement the test plan and passing standard.